STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typyii is changed) over the lines	
Vision Council	of America Political Action Committee	<u> </u>
ADDRESS (number and s	1700 Diagonal Road	
(Check if address	Sujte ₁ 500	
is changed)	Alexandria	VA 22314 - 1
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) sarceneaux@politicalcompliance.com	1
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.3	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00372441	
4. IS THIS STATEM	ENT NEW (N) OR X AMEN	DED (A)
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is tr	ue, correct and complete
Signature of Treasurer	Electronically Filed by Brian P. Carroll	Date 03 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person sig	
Office Use Only		information contact: tion Commission 0-424-9530 (Revised 02/2009)